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Bib Data Sheet

CONFIRMATION NO. 8247

<b>SERIAL NUMBER</b> 09/916,709	<b>FILING DATE</b> 07/27/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1653	<b>ATTORNEY DOCKET NO.</b> 001-1
<b>APPLICANTS</b> Michael D. Doyle, Wheaton, IL; Maurice J. Pescitelli JR., Gastonia, NC; Betsey S. Williams, Auburndale, MA; George S. Michaels, Chesterfield, MO;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/221,611 07/28/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.** SMALL ENTITY **</b> ** 09/05/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>Carly</i> Acknowledged <i>CS</i> Examiners Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 6
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 30080				
<b>TITLE</b> Method and system for the multidimensional morphological reconstruction of genome expression activity				
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	